

Novel Coronavirus (COVID-19) Guidance for Homeless Shelters

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 spread in communities across the globe. The novel coronavirus COVID-19 may be introduced into a homeless shelter through individuals, such as clients, volunteers and staff. Staff members have a critical role to play in identifying and managing potential cases of COVID-19. There are basic steps you can take to help prevent the introduction or spread of viral infections like COVID-19.

For general information regarding COVID-19, visit the Canada.ca and WHO web site and the Government of New Brunswick (GNB) Coronavirus web site: www.gnb.ca/coronavirus

For additional guidance from the Government of Canada, please visit: [Guidance for providers of services for people experiencing homelessness \(in the context of COVID-19\)](#)

Symptoms of COVID-19:

- Fever
- Cough
- Shortness of Breath

Most people recover from this disease without needing special treatment. Those who are older and those with other medical problems (such as high blood pressure, heart disease, lung disease, cancer or diabetes) are more likely to develop serious illness, which can include difficulty breathing and pneumonia.

Transmission

COVID-19 is spread mainly by coughing, sneezing or direct contact with a person who has the infection or with surfaces they have recently touched by someone with the virus. COVID-19 can also be spread when droplets (like from a cough or a sneeze) land on a surface and then someone touches that surface. If that person puts their hands near their mouth, nose or eyes, the person may get the infected with the virus.

Reporting

TeleCare 811 should be contacted if a client is experiencing symptoms of COVID-19, as soon as possible.

CONTROL MEASURES:

Prevent the spread of respiratory germs, including COVID-19, within your facility

- Start screening clients on arrival. Ask questions about recent travel and any respiratory symptoms they may be experiencing. Note if they have any underlying/chronic health conditions that may make them more susceptible to severe COVID-19 symptoms.
- Keep clients, staff and volunteers informed. Ensure that clients receive assistance in preventing disease spread and accessing care, as needed.
- Increase access to hand sanitizers and other disinfectants.
- Exclude staff/volunteers who:
 - have symptoms of respiratory infection
 - have traveled internationally (including to the United States). They should be excluded for 14 days from when they arrived back in Canada.
- Support hand and respiratory hygiene, as well as cough etiquette by clients, volunteers and employees and encourage them to avoid touching eyes, nose and mouth.
- Provide tissues and garbage bins for use by staff and clients. No-touch garbage cans are preferred for disposal of items.
- Encourage people practice social distancing- maintain 2 metres (6 feet) between people where possible
- Keep, at a minimum, about 1 metre (3 feet) between sleeping mats with “head to foot” placement. If possible in your space, increase the distance between mats even further.
- If using disposable gloves for any tasks, handwashing is still important and should be done before putting on and after removing the gloves. If using gloves, change often, especially if soiled, ripped or become dirty.
- Monitor for signs of illness amongst clients, especially new cough, fever, or shortness of breath.
- Encourage clients to report any symptoms of illness right away.
- Post signs and fact sheets about COVID-19 and proper handwashing technique in public areas and bathrooms.
- Wipe down all common areas regularly with disinfectant cleaners.
- When possible, maintain a 6-foot distance from others.
- Respiratory masks should be reserved for use by clients who exhibit symptoms (high fever, cough that leads to shortness of breath).
- If staff are handling client belongings, they should use disposable gloves. Train any staff using gloves to ensure proper use.

Hand Hygiene

Hand washing is an effective way to reduce microbial contamination of hands and should be part of the daily routine of clients, staff and visitors. Soap and water should always be used if hands are visibly soiled and after personal toileting. Use of an alcohol-based hand rub between 60-90% ethyl alcohol (70% or greater is best against non-enveloped viruses such as norovirus) is also appropriate.

- Ensure access to handwashing facilities following toileting and before meals or food preparation.
- Educate clients on how and when to wash their hands
- Ensure alcohol-based hand rub is available client
- Ensure alcohol-based hand rub is located and maintained at entrances to the facility.

- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Post signage directing all persons entering the building to wash their hands.

Good hand washing technique is easy to learn:

If there is visible soiling, hands should be washed with soap and water.

Follow these simple instructions when washing your hands with plain soap and water:

- Wet hands with warm water.
- Apply soap and rub for 15 - 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re contaminating hands, for example, use towel to turn off taps.

Follow these simple instructions when using an alcohol-based hand rub:

- Apply a measured pump of the product (enough of the product to cover all surfaces of the hand) into your open palm.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

When to clean your hands:

- Before meals
- Before feeding children, including breastfeeding
- Before and after preparing food
- Before and after visiting with people who are sick
- After using the toilet
- After changing diapers or helping someone toileting
- After blowing your nose, coughing or sneezing
- After playing with shared toys
- After handling animals or their waste

Respiratory Hygiene

- Respiratory hygiene should be encouraged for clients who have respiratory symptoms.
- Contain respiratory secretions by using tissues to cover the mouth and nose during coughing/sneezing, with prompt disposal into a no touch waste receptacle.
- Cover the mouth and nose during coughing/sneezing against a sleeve/shoulder if tissues are not available.
- Turn the head away from others when coughing/sneezing.

- Maintain a spatial separation of 2 meters (6 feet) between clients with respiratory symptoms.

Food preparation

- Limit the number eating together to ensure adequate social distancing and to discourage sharing of food/beverages.
- Limit the number of people preparing meals together at one time.
- Do not allow anyone who is ill to prepare a meal or do dishes/clean.
- Avoid offering buffet or self-serve style meals.
- Remove shared food containers from dining areas (e.g. shared pitchers of water, shared coffee cream dispensers, salt & pepper shakers, etc.)
- Dispense snacks directly to clients/residents and use pre-packaged snacks only
- Ensure that food handling staff are in good health and practice good hand hygiene
- Ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each meal
- Staff assigned to housekeeping duties should not be involved in food preparation or food service, if possible
- Clean/sanitize kitchen counters and commonly used surfaces and let them air dry (e.g. toaster, kettle) regularly/after each meal

Communication:

- Prepare and practice calm, reassuring and accurate communication with clients. Acknowledge the seriousness of the situation and the feelings of fear and anxiety that might produce. Share only the facts from trusted sources:
 - www.gnb/coronavirus
 - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- Keep clients and employees informed if a case of COVID-19 is identified in the facility.
- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow staff and clients.

Environmental cleaning

Environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient for use. All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected at least twice daily and when soiled.

- Attempt to have additional cleaning supplies on hand.
- Conduct frequent cleaning and disinfection of the facility, especially high-touch surfaces like door knobs, light switches, railings, tables, chairs, etc.
- Consider all surfaces in the client environment as contaminated. Start at the cleanest part of the equipment or surface and move towards the dirtiest.
- Ensure manufacturer recommended wet-contact time is achieved. Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure germs are killed.
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other

device.

- Store all disinfectants out of the reach of children and confused individuals.
- Clean and disinfect sleeping mats after every use.
- Wash client bedding frequently.
- The labels of the cleaning and disinfecting products you are using will likely identify what protective equipment staff or volunteers should use. Increased frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak.

Laundry

- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Gloves and a surgical/procedure mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).
- Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be disinfected.

Communal /Social Activities:

- Cancel or re-schedule some or all social/group activities as needed
- Minimize activities to essential activities only. Such essential activities should be defined in advance consider the full spectrum of client care needs (physical, mental, psychological).

If a client has symptoms:

- If available, provide a face mask right away to any client exhibiting respiratory symptoms such as fever, cough and shortness of breath.
- Place client away from other clients, in an individual room with four walls and a door, if possible.
- Call Telecare 811 and follow directions

If required to isolate a client:

- Place client away from other clients
- Place client in an individual room with four walls and a door, if possible.
- If individual rooms are not available, consider using a large, well-ventilated room.
- Space beds apart as much as possible - 2 metres (6 feet) or greater, have clients sleep head-to-toe, and put up temporary barriers between beds, such as plastic sheeting.
- If possible, designate specific washrooms for symptomatic clients only
- Consider identifying dedicated employees to care for COVID-19 patients

- Clients suspected or confirmed to have COVID-19 should be cared for in single rooms, if possible.
- Consider cohorting clients and staff to affected areas to ensure there is no contact with the staff/clients in the unaffected areas.
- When cohorting each client must be isolated separately. Hand hygiene and a change of gown and gloves is required between contact with each client and/or a client's environment.

Gloves

Disposable single use gloves should be worn when in direct contact with the ill person, cleaning contaminated surfaces, and handling items soiled with body fluids, including dishes, cutlery, clothing, laundry, and waste for disposal. Gloves are not a substitute for hand hygiene; caregivers must perform hand hygiene before and after putting on and taking off gloves.

- Gloves should be removed, hand hygiene performed, and new gloves applied when they become soiled during care.
- To remove gloves safely, with one of your gloved hands pull off your glove for the opposite hand from the fingertips, as you are pulling, form your glove into a ball within the palm of your gloved hand. To remove your other glove, slide your ungloved hand in under the glove at the wrist and gently roll inside out, and away from your body. Avoid touching the outside of the gloves with your bare hands.
- Gloves must be changed and hand hygiene performed when they are torn.
- Discard the gloves in a plastic-lined waste container.
- Perform hand hygiene.
- Double-gloving is not necessary.

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach solution of one part bleach with nine parts water (to make a 0.5% sodium hypochlorite solution).

Supplies to have on hand:

- ✓ Surgical/Procedure Masks for cases/staff
- ✓ Disposable Gloves
- ✓ Eye protection
- ✓ Thermometer
- ✓ Fever-reducing medications
- ✓ Running water
- ✓ Hand soap
- ✓ Alcohol based hand sanitizer (ABHS) containing at least 60% alcohol.
- ✓ Tissues
- ✓ Waste container with plastic liner
- ✓ Regular household cleaning products
- ✓ Bleach (5% sodium hypochlorite) and a separate container for dilution.
- ✓ Alcohol (70%) prep wipes
- ✓ Regular laundry soap
- ✓ Dish soap
- ✓ Disposable paper towels

Other resources

Information related to coronavirus has the potential to change rapidly. The Office of the Chief Medical Officer of Health has developed the resources to support stakeholders and community organization with the outbreak of Coronavirus Disease 2019 (COVID-19).

The resources below have been created to support stakeholders and community organization with community-based measures and planning. The materials available here will be updated regularly and as required. Visit frequently to ensure access to the most up-to-date information.

We encourage you to print, post and share these materials and ensure a process is in place so materials are replaced when information changes.

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus/resources.html

Organizations dedicated to housing and homelessness issues may also be good sources of information:

[Coronavirus resources for the homelessness sector](#)

[Pandemic Planning: How Can My Agency Prepare for the Potential Spread of Coronavirus?](#)